Monthly Report of Operation

Package Type Wastewater

Treatment Plants Less Than 0.05 mgd

(Pending Approval - 12/05)

Name of Facility	Permit Number	Phone Number:
Certified Operator: Name / Class / Certificate Number / Expiration Date		E-mail Address (if available):
Month:	Year	Treatment Plant design flow: mgd

General Information				Bypasses/ Overflows		Raw Wastewater									Aeration Tank						Final Effluent					
Day of the Month	Day of the Week	Man Hours	Precip. - Inches	At Plant Site ("x" if occurred)	Collection System ("x" if occurred)	Influent Flow Rate (MGD)	pH	CBOD (mg/l)		TSS (mg/l)		Ammonia (mg/l)			30 Minute Settling	MLSS		D.O.	Temperature	WAS Gal.	Effluent Flow Rate (MGD)	pH	CBOD (mg/l)	CBOD (lbs/day)	TSS (mg/l)	TSS (lbs/day)
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30																										
31																										
Average																										
Maximum																										
Minimum																										
Total																										

Sludge Hauled Off Site (Gal):

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature of Certified Operator — Date

Signature of Principal Executive Officer or Authorized Agent — Date

Name of Facility:	Month/Year:
Total Monthly Flow: mg	Percent Capacity: (average flow / design)

MONTHLY REMOVAL SUMMARY				
	BOD5	S.S.	Ammonia	Phosphorus
Percent Removal				

Final Effluent

Day of the Month	D.O. (mg/l)	Residual Chlorine (mg/l) - Contact	Residual Chlorine (mg/l) - Final	E. Coli colony/100 ml	Ammonia (mg/l)	Ammonia (lbs/day)	Phosphorus (mg/l)		
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4									
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Avg									
Max									
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Enter Comments Below:

Send by 28th of the Month to:
Indiana Department of Environmental Management
Office of Water Quality, Mail Code 65-42
100 North Senate Avenue
Indianapolis, Indiana 46204-2251

Signature of Certified Operator — Date

Signature of Principal Executive Officer or Authorized Agent — Date